

Alaska Permanent Fund Dividend 2022 Sponsor Eligibility Form

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04019

Complete this form only if you applied for a Permanent Fund Dividend on behalf of a child but are not applying for your own dividend, and you are the adult sponsor named on the child's (or children's) application(s).

YOUR SOCIAL SECURITY NUMBER

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DATE OF BIRTH

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Month Day Year

☐ MALE
☐ FEMALE

Under federal law you must provide your SSN.

YOUR FIRST NAME

M.I.

LAST NAME

YOUR MAILING ADDRESS

CITY

STATE

ZIP CODE

STREET OR PHYSICAL ADDRESS (REQUIRED BY LAW, NO PO BOXES, CHECK HERE ☐ IF SAME AS MAILING)

DAYTIME TELEPHONE

MESSAGE TELEPHONE

E-MAIL ADDRESS

1. Did you receive a 2021 dividend? Answer YES even if your dividend was assigned or garnisheed. If NO, complete Question 11 on the back of this form AND attach a completed Adult Supplemental Schedule.

YES NO
☐ ☐

2. Are you physically present in Alaska today? Answer NO if you are completing this application or mailing this application from some place other than within Alaska. If NO, complete Question 8 and attach Parts B & C of the Adult Supplemental Schedule.

YES NO
☐ ☐

3. A. During 2021, were you gone from Alaska more than 90 days total?

YES NO
☐ ☐

If YES, complete Question 8 on the back of this form AND attach Parts B & C of the Adult Supplemental Schedule.

B. During 2021, were you gone from Alaska more than 180 days total?

YES NO
☐ ☐

If YES, complete Questions 8 through 10 on the back of this form AND attach Parts B & C of the Adult Supplemental Schedule.

4. Are you a United States citizen? If U.S. National non-naturalized choose NO and complete Question 13. If NO, complete Questions 12 and 13 on the back of this form.

YES NO
☐ ☐

5. At any time since December 31, 2020, were you on active duty as a member of the U.S. Armed Forces? Civilians, Alaska National Guard Members and Alaska Reservists answer NO.

YES NO
☐ ☐

Numbers 6 and 7 intentionally not used.

INFORMATION FOR CHILD OR CHILDREN YOU ARE SPONSORING

Child's Full Name	Child's DOB	Child's Social Security Number

Briefly explain below why you did not file a 2022 dividend for yourself.

List two adult Alaska residents who can verify your residency

Full Name	
Mailing Address	
City, State, Zip Code	Daytime Phone #
Full Name	
Mailing Address	
City, State, Zip Code	Daytime Phone #

Read the Following Statements and Sign Below

NOTE: "Date of application" means the date on which an application for a dividend is timely filed or delivered per 15 AAC 23.993 (b)(1) & (2).

I certify that on the date of application:

- I am now and intend to remain an Alaska resident indefinitely.
- I have not claimed residency in another state, territory, or country.
- I was an Alaska resident for all of 2021.
- I was physically present in the state of Alaska for at least 72 consecutive hours in 2020 or 2021.

I understand that if what I say is not true, it is a criminal offense and if I am convicted, in addition to any criminal penalties:

- I will lose all future dividends.
- I will be required to pay back all dividends I have been paid.

I understand that if I deliberately misrepresent or recklessly disregard a fact, I am liable for civil penalties:

- I could lose my next five dividends.
- I may have to pay a fine of up to \$3,000.

Release of Information: I authorize the release of confidential records to the Alaska Department of Revenue necessary to verify my eligibility for the Permanent Fund Dividend, including but not limited to confidential records from financial, private, and education institutions; state, federal, or other public agencies, including but not limited to Internal Revenue Service, Social Security Administration, and the Alaska DHSS, Division of Public Assistance and Alaska Office of Children's Services; any other state or country, including but not limited to state and local taxes, employment, education, or public assistance benefits. I understand that this information may be used in administrative and/or criminal proceedings. I agree that a copy of this authorization is as valid as the original.

I certify that the information I am supplying on and with this form is true and correct.

Your Signature	Date
<input type="text"/>	<input type="text"/>

By submitting this application with or without signature I am consenting to registration with the U.S. Selective Service System, if so required by law.

Voluntary Veteran's Information can be provided on the back of this form.

This is not a Permanent Fund Dividend Application.

04019

Read Each Question Carefully.

Answer Question 8 if you answered NO to Question 2 or YES to Questions 3A or 3B.

8. If you left before January 1, 2021, enter the date you actually departed. List all dates you were absent from Alaska in 2021 through the date of this application. If you are still absent, leave the end date blank. For each type of absence, write the absence reason code in the space provided and list the dates on separate lines. All absence codes are detailed below. If you had more absences than the number of lines provided below, list on an attachment.

Code (A-R)	Absence Begin Date Month - Day - Year	Absence End Date Month - Day - Year
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>

Why were you absent?

Absence Codes

- A. Accompanied an **eligible Alaska resident** as the resident's spouse or disabled dependent. Complete Question 11.
- B. Enrolled and attended school as a full-time student receiving postsecondary education (beyond grade 12). *Download the Education Verification form at www.pfd.alaska.gov. See Q for secondary education.*
- C. Served as a member of the U.S. Armed Forces. Attach a copy of your orders.
- D. Received continuous medical treatment under a physician's care. *Download the Medical Treatment Verification form at www.pfd.alaska.gov.*
- E. Served as a member of Alaska's congressional delegation or staff.
- F. Served as a volunteer in the federal Peace Corps program. Attach proof.
- G. Trained or competed as a member of the U.S. Olympic team. Attach proof.
- H. As a requirement of employment by the State of Alaska.
- I. Other reasons, including business and vacation. Attach explanation.
- J. Sought employment or was employed for a reason other than B, C, E, H or Q. Attach explanation.
- L. Cared for a parent, spouse, sibling, child, or stepchild with a critical life-threatening illness that required the ill individual to leave Alaska for treatment.
- M. Settled the estate of a deceased parent, spouse, sibling, child, or stepchild.
- N. Provided care for a terminally ill family member. *Download the Physician's Statement for Terminally Ill Care form at www.pfd.alaska.gov.*
- P. Employed aboard a vessel of the U.S. Merchant Marine.
- Q. Enrolled and attended school as a full-time student receiving secondary education (grades 7 through 12). *Download the Education Verification form at www.alaska.gov. See B for postsecondary education.*
- R. Participating for educational purposes in a student fellowship sponsored by the United States Department of Education or by the United States Department of State. Attach proof.
- S. Permanently relocated outside Alaska.

Answer Questions 9 and 10 if you answered YES to 3B.

9. Have you ever lived in Alaska as a resident for at least 180 days? *If YES, list the dates of that most recent period before the first absence listed in Question 8.* YES NO
☐ ☐

From (Month-Day-Year)	Through (Month-Day-Year)
<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>

10. Were you in Alaska for at least 72 consecutive hours during 2020 or 2021? YES NO
☐ ☐

If YES, when were you most recently in Alaska?

2020 <input type="radio"/>	2021 <input type="radio"/>	Attach documentation showing you were in Alaska.
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Answer Question 11 if you answered NO to Question 1.

11. *If married, provide spouse information. Your spouse must file a separate application if applying.*

First Name <input type="text"/>	M.I. <input type="text"/>	Last Name <input type="text"/>
Spouse's Social Security Number <input type="text"/>		
Spouse's Date of Birth (Month-Day-Year) <input type="text"/>		

Answer Questions 12 & 13 if you answered NO to Question 4.

12. What is your alien registration number and PRC expiration?

A- <input type="text"/>	EXPIRATION DATE (mm/dd/yyyy) <input type="text"/>
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13. What was your legal immigration status on December 31, 2020?

<input type="radio"/> Resident	<input type="radio"/> Asylee
<input type="radio"/> Refugee	<input type="radio"/> U.S. National (non-naturalized)
<input type="radio"/> VISA	VISA TYPE <input type="text"/>
EXPIRATION DATE (mm/dd/yyyy) <input type="text"/>	

If this is the first time you are applying for a dividend, attach a copy of the front and back of your visa or alien registration card.

Veterans Information

Note: Providing this information is voluntary. By participating in this program we will release your name, address, branch and dates of service to the Dept. of Military and Veterans Affairs, who will release it to veterans service organizations. These organizations are not required to keep your information confidential.

Service branch? Army ☐ Air Force ☐ Coast Guard ☐ Marines ☐
 Alaska Territorial Guard ☐ Navy ☐

Dates of service?